

General Surgeon Volume Comments

Anna Jaques Hospital
BI Deaconess Medical Center
Caritas Christi Health Care
Falmouth Hospital
Faulkner Hospital
Lahey Clinic
Massachusetts General Hospital
Mount Auburn
Newton Wellesley Hospital
Saints Memorial Medical Center
Southcoast Hospitals Group

Anna Jaques Hospital

Anna Jaques Hospital supports all efforts to provide meaningful hospital quality data to the public. To date however, current mechanisms used to collect data have limitations due to variability in coding and limitations to the availability of specific medical record codes for all conditions. The AHRQ indicators represent one mechanism to measure quality. Internal reports and quality analysis at Anna Jaques Hospital reflect different volumes and rates for some physicians and procedures. We encourage the public to review the data and contact their physicians or Anna Jaques Hospital for any further information.

BI Deaconess Medical Center

Given that the correlation between volume and quality has not been proven for all types of surgery, BIDMC advises consumers to interpret the information here with extreme caution. We encourage patients to have open and forthright conversations with our clinicians regarding our ability to provide the highest standards of care. The volume data shown here is based on administrative records submitted to the state, and is not a perfect match with internal BIDMC statistics. We believe this is largely because the submitted administrative records do not record multiple different surgeons when a patient has had multiple surgical procedures during a hospitalization.

Caritas Christi Health Care

Caritas Carney Hospital
Caritas Good Samaritan Medical Center
Caritas Holy Family Hospital
Caritas Norwood Hospital
Caritas St. Elizabeth's Medical Center
Saint Anne's Hospital

The newest addition of surgeon specific volume data again identifies area for concern. There has been one documented study that links volume with quality and it is specific to three procedures only. There is also no specific information as to the limitations of the volume numbers, i.e. reasons for volume variability including years performing this procedure or years providing the service, whether or not he/she practiced in another state and had higher volume or experience with the procedure, etc. A standard credentialing process includes review of volume as well as complication data when assessing quality of practice, it is not limited to volume only. The presentation of volume only as a determinant of quality is not accurate. We have included on each individual report the differences in volume by surgeon we have derived from our operating room data files.

Falmouth Hospital

Overall, the Surgeon Volume by Procedure, FY04 Report for Falmouth Hospital has understated surgical volume for cases reported by 17.8%

Faulkner Hospital

Faulkner Hospital has reviewed the MD specific procedure volume data for the six surgical procedures provide by EOHHS. In general we found the volume numbers were very close in accuracy but did not always match up 100% with the internal audit findings. We are committed to working collaboratively with EOHHS to ensure that procedure volume data is 100% reconciled.

Lahey Clinic

We applaud the state's efforts to advance quality and safety in health care through the public dissemination of information about the quality, cost, and volume of services provided at hospitals. Procedure volumes are sometimes being used as a substitute for measures of quality. Using procedure volume to measure quality is based on the assumption that a physician who performs a procedure more often is likely to perform that procedure better than a physician who does so less often. While procedure volume can be a rough measure of quality, it cannot reflect anything about the complexity of the cases performed, the actual quality of the technique and expertise of the physician, or the patient's outcome.

Any comparisons of hospitals and physicians based on procedure volumes should only be made very cautiously, keeping in mind the facts described here.

Massachusetts General Hospital

The Massachusetts General Hospital (MGH) and Massachusetts General Physicians Organization (MGPO) are pleased that the state has developed a website designed to help patients and their families learn more about the quality of care in Massachusetts. In principle, we believe that accurate information about individual physicians' volume should be shared. In practice though, we know that accurate information is more difficult to obtain than one would think. We have provided readers with a few tips for interpreting the information and a few comments about the value of physician-specific statistics.

Much of the information here is derived from administrative data collected primarily to support hospital billing, not to measure quality. Surgeries do not always fit neatly into specific categories and more than one physician may be involved in the care of the patient. This can make it difficult to pinpoint the specific procedure and attribute it to a specific physician. For example, identifying something as apparently straightforward as coronary bypass surgery can be complicated, since surgery might involve the bypass of blood vessels, valve repair, and repair of an aortic aneurysm and several physicians may be involved in the delivery of these procedures. While administrative data cannot always differentiate between procedures and physicians accurately, with carefully designed clinical data systems, it is possible to be very accurate in identifying a specific procedure and attributing it to a specific physician.

When administrative data sources are the only options, we endorse using standard definitions of procedures and feel that physicians should have the opportunity to review and validate the statistics. We endorse the Leapfrog Group's definitions (<http://www.leapfroggroup.org/>) for a number of the procedures included here.

The state has chosen not to report on physicians who perform fewer than 10 procedures per year to eliminate posting data "glitches." Unfortunately, this also masks the activity of true low volume physicians. Rather than waiting for better data to portray this important part of the information correctly, the State has decided to remove these names. We disagree with this approach. This basically means the State has decided to remove a key component of provider volume reporting.

While we feel the reporting of case volume is valuable, the numbers don't tell the whole story. Quality has many dimensions and many aspects of physician-specific quality are difficult to measure accurately. We recommend that you speak with your physician directly to learn more about his or her level of experience and confidence in performing specific procedures.

With those caveats, we are pleased that the state has decided to join a number of other states in developing this important resource for its citizens and visitors and we look forward to continuing to work with the state to make this a more valuable tool for you. We feel that patients have a right to accurate and meaningful information about the quality of care they receive. .

Newton Wellesley Hospital

Newton Wellesley Hospital, as all Partners HealthCare member hospitals, is committed to excellence in patient quality, safety and satisfaction. We are supportive of continued efforts to develop and provide meaningful hospital quality information to the public. Visitors to this site, however, are advised to consider the following comments before drawing conclusions on the relative quality and cost of care among hospitals and physicians.

1. Volume is not by itself an indicator of quality. It is strongly recommended that this information be used in conjunction with other sources of information and most importantly in discussions with your own physician. Some physicians practice at multiple sites, some of which may or may not be included in this website, that nevertheless contributes to that physician's experience in performing the procedures.
2. Cost comparisons among hospitals, on this site, are difficult to compare. Certain factors affecting the average cost of care are not adjusted. These factors include the different levels of expenditure to train physicians and other health professionals, outreach to the community, care to indigent patients and the severity/complexity of the patients that are treated.
3. The methodology used to define procedures, State ICD-9 CM codes, are different from clinical views and expert external measurements. We recommend the state adopt the Leapfrog definition to define the procedures. This would provide consistent data to the consumer for comparison. In addition, the use of the reported administrative data to identify the 'operating physician' may on occasion be misleading if the attending physician is always reported as the physician performing the procedure.

We encourage evaluating other factors (physician recommendation, past experience, word-of-mouth from friends and family) in addition to the growing sources of quality data when selecting a hospital for care. To learn more about NWH (or other Partners hospitals) and our services, please visit www.nwh.org or www.partners.org.

Saints Memorial Medical Center

The cost data could not be verified even having the cost methodology and the patient database and RCCs. There were three sets of RCCs on the spreadsheet. No explanation was given for this and no indication of the RCCs used in the analysis. Each hospital should be given an example of the calculation with data sources and explanations, using hospital specific data.

Comparing FY 04 patients with FY 03 costs is not appropriate. Costs can vary greatly from year to year. If comparative year information is not available, this should be disclosed on the website.

Southcoast Hospitals Group

The State has not provided the hospital with sufficient information to enable the hospital to duplicate the data for the same, exact cases as reported on this website. In our efforts to closely approximate the surgical case data for purposes of data validation, we find the case volumes to be generally appropriate by surgeon, yet we are unable to reconcile every case against the data provided to us by the State. Therefore, we urge consumers to use these data as a guide, but not as an absolute record in any decision-making process.